## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10580305

APPLICANT(S)

FILING DATE

| CLA | IN | <b>IS</b> |
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| TOTAL<br>IND.          | 1           | 1        |             | j           |             |   |  |
| TOTAL                  |             | 7 -      |             | <b>,</b> \  |             | <b>V</b>  |  |
| DEP.                   | 25          | ~        |             | <b>(</b>    | •           | -   |  |
| TOTAL CLAIMS           | 31          |          |             |             |             |   |  |
| PTO - 1360             | (REV. 11/04 | ) .      |             |             |             |   |  |

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| TOTAL<br>IND.   |             | +  |           | +            |                        | 1              |  |
| TOTAL<br>DEP.   | - 3         | 6  |           | 4            |                        | _              |  |
| TOTAL<br>CLAIMS |             |  |           |              |                        |                |  |

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